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APPLICANTS

Tim Coe, Oxnard, CA;

** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Verified and Acknowledged	<i>SC</i> Examiner's Signature	Initials			

ADDRESS

23363
 CHRISTIE, PARKER & HALE, LLP
 PO BOX 7068
 PASADENA, CA
 91109-7068

TITLE

LOW-DENSITY PARITY CHECK FORWARD ERROR CORRECTION

FILING FEE RECEIVED 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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